MISSOURI
DEPARTMENT OF ECONOMIC DEVELOPMENT

STATE BOARD OF REGISTRATION
FOR THE HEALING ARTS
P.O. BOX 4
JEFFERSON CITY, MISSOURI 65102
(573) 751-0134
TTY: (800) 735-2966
TOLL FREE: 1-866-439-3895

INSTRUCTIONS FOR COMPLETING YOUR REINSTATEMENT APPLICATION

The Board wishes to stress that you should provide full details and dates, and complete names, addresses and zip codes as required in your application. Answer all questions. If you do not, the processing of your application may be delayed indefinitely. Please type or print in black ink. *** SUPPLY A COPY OF YOUR TAX COMPLIANCE LETTER FROM THE DEPARTMENT OF REVENUE. ***

PLEASE SUBMIT A $300 FEE PAYABLE TO THE MISSOURI BOARD OF HEALING ARTS ON A CASHIER'S CHECK OR MONEY ORDER.

Item #1–Please print your full name.

Item #2–Please provide address to which all licensure material should be sent.

Item #3–Indicate Month-Day-Year.

Item #4–Indicate Social Security Number.

Item #5–Indicate your specialty.

Item #6–Indicate home and office telephone numbers.

Item #7–Indicate the type of practice in which you are currently involved.

Item #8–Indicate intended Missouri practice address. Provide the name of the institution/group, street, city, state and zip. If unknown, please explain.

Item #9–Indicate the type of practice that you intend to be involved with in the State of Missouri.

Item #10–If your answer is "yes", provide the name of the American Specialty Board(s).

Item #11–List all licenses held, whether active or inactive, permanent, temporary, or institutional, date issued and license number.

Item #12–If your answer is "yes", provide complete details on a separate notarized statement. This should include states, provinces, or country, dates and reasons.

Item #13–If your answer is "yes", provide complete details on a separate notarized statement.

Item #14–If your answer is "yes", provide complete details on a separate notarized statement. This should include states, provinces, or country, dates and reasons.

Item #15–If your answer is "yes", provide complete details on a separate notarized statement. This should include states, provinces, or country, dates and reasons.

Item #16–If your answer is "yes", provide complete details on a separate notarized statement.

Item #17–If your answer is "yes", provide complete details on a separate notarized statement. This should include states, provinces, or country, dates and reasons.

Item #18–If your answer is "yes", provide complete details on a separate notarized statement. This should include states, provinces, or country, dates and reasons.

Item #19–If your answer is "yes", provide complete details, dates, etc. on a separate notarized statement. If you have ever been a defendant in any legal action, FURNISH A CERTIFIED COURT COPY (WITH COURT SEAL AFFIXED) OF THE ORIGINAL COMPLAINT, THE ANSWER, THE JUDGMENT, THE SETTLEMENT, AND/OR THE DISPOSITION OF THE CASE. If the case is still pending, please so state. Your attorney should submit a letter regarding the current status of the case if the case is still pending.

Item #20–If your answer is "yes", provide complete details of the arrest, the dates, places and disposition of the case on a separate notarized statement. FURNISH A CERTIFIED COURT COPY (WITH COURT SEAL AFFIXED) OF THE ORIGINAL CHARGE, THE JUDGMENT, THE SENTENCE AND/OR THE DISMISSAL ORDER OR OTHER SUCH DOCUMENTS WITH THE DISPOSITION.

This does not include any minor traffic or parking violation fines, which are under $100.00. We suggest that if you have ever had an arrest record (no matter how minor), you answer the question "yes" on your application and furnish all details of the incident leading up to, and including, the arrest and the disposition of the case.

Item #21–If your answer is "yes", provide complete details on a separate notarized statement. FURNISH A CERTIFIED COURT COPY (WITH COURT SEAL AFFIXED) OF THE ORIGINAL COMPLAINT, THE ANSWER AND THE DISPOSITION OF THE CASE. If the case is still pending, please so state. If your insurance company paid a claim without a formal case being filed, then include the dates, names of the patient(s) involved, insurance claim number, insurance carrier, and the facts and circumstances surrounding the claim. It will be necessary for you to contact the insurance carrier handling the claim and authorize them to submit directly to the Board all information they have on file regarding the claim.

Item #22–If your answer is "yes", provide complete details, dates, names on a separate notarized statement. This should include states, provinces, or country, dates and reasons.

Item #23–If your answer is "yes", provide complete details on a separate notarized statement.

Item #24–If your answer is "yes", provide complete details on a separate notarized statement. This should include states, provinces, or country, dates and reasons.

Item #25–List all hospital affiliations other than training programs for the last 5 years or since the expiration of your Missouri license, whichever is more recent. Provide the name of the hospital, address and dates of privileges. Attach separate listing if more space is needed.

Item #26–Indicate Continuing Medical Education Requirement met. FURNISH DOCUMENTATION SHOWING NUMBER OF CME CREDITS OBTAINED.

Item #27–List name and address of the individual who the Board may discuss your application with.

Item #28–Provide chronological listing of medical and non-medical activities since the expiration of your Missouri license.

Item #29–Complete the twenty True/False questions. This is an "open book" test.

Item #30–Applicant's Oath, you must sign this oath before a Notary Public. The Notary Public must complete his/her portion and sign, date and seal your signature and photograph.

PLEASE BE ADVISED THAT ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE RETURNED.

MISSOURI
DEPARTMENT OF ECONOMIC DEVELOPMENT

REINSTATEMENT APPLICATION

STATE BOARD OF REGISTRATION
FOR THE HEALING ARTS
3605 MISSOURI BLVD.
P.O. BOX 4
JEFFERSON CITY, MISSOURI 65102
(573) 751-0134
TOLL FREE: 1-866-439-3895
TTY: (800) 735-2966

SEE INSTRUCTIONS FIRST

1. APPLICANT NAME (LAST, FIRST, MIDDLE, SUFFIX, MAIDEN)

☐ M.D.
☐ D.O.

2. CURRENT MAILING ADDRESS (STREET, CITY, STATE, ZIP)

3. DATE OF BIRTH	4. SOCIAL SECURITY NUMBER (USED FOR IDENTIFICATION PURPOSES)

5. MEDICAL SPECIALTY

6. TELEPHONE (HOME)	TELEPHONE (OFFICE)

7. TYPE OF PRACTICE YOU ARE CURRENTLY INVOLVED IN (CHECK ON)

☐ INTERN ☐ RESIDENT ☐ PRIVATE ☐ FACULTY

☐ OTHER (PLEASE EXPLAIN) ▶

8. PROPOSED MISSOURI PRACTICE ADDRESS (INSTITUTION/GROUP, STREET, CITY, STATE, ZIP) (IF UNKNOWN, PLEASE EXPLAIN)

9. TYPE OF PRACTICE THAT YOU WILL BE INVOLVED IN IF MISSOURI LICENSE IS RENEWED

☐ INTERN ☐ RESIDENT ☐ PRIVATE ☐ FACULTY

☐ OTHER (PLEASE EXPLAIN) ▶

10. ARE YOU A DIPLOMATE OF ANY AMERICAN SPECIALTY BOARD?

IF YES, WHICH? ☐ YES ☐ NO

11. List all of the states in which you hold or have ever held a permanent, temporary or institutional license to practice medicine or any profession, in order of attainment. Please indicate state, license number and issue date.

A.	B.	C.	D.	E.
F.	G.	H.	I.	J.
K.	L.	M.	N.	O.

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THE APPROPRIATE CHECKMARK. IF ANY ARE ANSWERED YES, SEE SEPARATE INSTRUCTIONS.

	YES	NO
12. Have you, or any license or right to practice held by you, been restricted or disciplined, such disciplinary action to include, but not be limited to, revocation, suspension, probation, censure, or reprimand, whether voluntarily agreed to or not, by any U.S. state, territory, federal agency, Canadian province or foreign country?	☐	☐
13. Have you had any disciplinary or corrective action taken against you, or had your right to practice restricted, by any professional medical or osteopathic association or society, or by any licensed hospital or medical staff of a hospital?	☐	☐
14. Have you surrendered a license issued to you by any U.S. state or any Canadian provincial licensing agency for reasons other than failure to renew?	☐	☐
15. Have any charges or complaints been filed against you with the federal government, any federal agency or any U.S. state or Canadian provincial licensing or disciplinary agency?	☐	☐
16. Have you been diagnosed or treated for any mental or physical illness or condition that has hindered or might serve to hinder your ability to practice medicine?	☐	☐
17. Have you been denied or surrendered a controlled substance license, registration, certificate or authority issued by the Drug Enforcement Administration (DEA) or any state bureau of narcotics or other agency concerned with controlled substances, or had such license, registration, certificate or authority restricted or disciplined, such disciplinary action to include, but not be limited to, revocation, suspension, probation, censure, or reprimand, whether voluntarily agreed to or not?	☐	☐
18. Has any disciplinary action been taken against you, or has your authority to practice been restricted, by any federal or state agency including, but not limited to, Medicare or Medicaid?	☐	☐
19. Have you forfeited collateral for breach or violation of any law, police regulation or ordinance whatsoever, been summoned into court as a defendant, or has any law suit (other than malpractice) been filed against you?	☐	☐
20. Have you been arrested, charged, indicted, found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States whether or not sentence was imposed, including suspended imposition of sentence or suspended execution of sentence?	☐	☐
21. Have you been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself?	☐	☐
22. Have you been denied a license to practice medicine or denied the privilege of taking an examination administered by a U.S. state and/or Canadian provincial licensing agency?	☐	☐
23. Have you been chemically dependent or treated for chemical dependency in the past five years?	☐	☐
24. Have you ever made application for licensure in another state and subsequently withdrawn said application?	☐	☐

25. LIST ALL OF YOUR HOSPITAL AFFILIATIONS (OTHER THAN TRAINING HOSPITALS) FOR THE LAST FIVE YEARS OR SINCE THE EXPIRATION OF YOUR MISSOURI LICENSE, WHICHEVER IS MORE RECENT.

HOSPITAL	ADDRESS	DATE OF PRIVILEGES

26. CONTINUING MEDICAL EDUCATION

Section 334.075 RSMo requires that each physician complete a minimum of 25 AMA Category I or AOA Category, IA, or 2A hours of continuing medical education each year in order to renew his/her license. Physicians who are participating or have participated in accredited post-graduate programs during the expired period will be deemed to have complied with the CME requirements.

Please Check One Of The Following:

☐ 1. I have earned a minimum of 25 AMA Category I or AOA Category IA, or 2A hours of CME for each year during which the license was inactive.

☐ 2. I am exempt because of Training Program.

27. APPLICATION INFORMATION RELEASE AUTHORIZATION

I hereby authorize the State Board of Registration for the Healing Arts, it's Directors or designee to release and/or discuss information contained in my application for licensure in the State of Missouri to the following individual or organization:

NAME	**ADDRESS**

28. REINSTATEMENT ACTIVITIES STATEMENT

INSTRUCTIONS: Please complete this form by providing a chronological listing of medical and non-medical activities since the expiration of your Missouri license to the present date. All dates must be accounted for including all beginning and ending, months and years. In CHRONOLOGICAL ORDER, list the position you held, complete names, addresses and zip codes of employers. If unemployed or on vacation for more than one month, list your exact activities and locations.

APPLICANT NAME

DATES				ACTIVITIES
BEGINNING		ENDING		
MO	YEAR	MO	YEAR	

29. JURISPRUDENCE EXAMINATION

INSTRUCTIONS

Completion of the jurisprudence examination, achieving a score of 75% or higher, is a requirement of the Missouri State Board of Registration for the Healing Arts. Each of the twenty true and false questions is given a weight of five percentage points. All the answers are readily available to you in the text of the Medical Practice Act which can be accessed on the Board's website at www.pr.mo.gov/healingarts.asp.

JURISPRUDENCE EXAMINATION

SCORE ►

1. T F Missouri law requires all physician applicants to be graduates of a medical or osteopathic college that enforces requirements of a curriculum which contains four terms of thirty-two weeks of actual instruction in each term.
2. T F Missouri law permits the granting of a temporary license for private clinic practice.
3. T F Chapter 334 requires satisfactory evidence of completion of pre-professional education consisting of a minimum of sixty semester hours of college credits in acceptable subjects leading towards the degree of bachelor of arts or bachelor of science from an accredited college or university to be eligible for a Missouri license.
4. T F Missouri law states that anyone who has been denied a license, permit or certificate to practice in another state shall automatically be denied a license to practice in this state.
5. T F Physicians must display their current registration certificate in every office maintained in the State of Missouri.
6. T F All physician permanent licenses expire on January 31st of each even-numbered year regardless of the date that the license was issued.
7. T F Section 334.100 RSMo, provides the grounds for denial, suspension or revocation of a physician's license.
8. T F Disciplinary action may be taken against a physician's license for willfully and continually performing inappropriate or unnecessary treatment, diagnostic tests or medical or surgical services.
9. T F Persons who report incidents of suspected misconduct to the Board shall not be subject to an action for civil damages.
10. T F The Missouri Board of Healing Arts consists of nine members.
11. T F The Missouri Board of Healing Arts shall at least quarterly, publish a list of all persons whose licenses have been suspended, revoked, surrendered, restricted, denied or withheld.
12. T F Missouri law requires that a physician notify the Board within fifteen days of any address change.
13. T F If a physician does not receive a notice to renew his/her registration, he/she is exempt from paying the fee for the next year.
14. T F Fees of any kind must be refunded by the Board at the written request of any applicant.
15. T F Conviction of a felony offense is not grounds for revocation.
16. T F A licensee under this chapter shall, in any letter, business card, advertisement, prescription blank, sign, or public listing or display of any nature whatsoever, designate the degree to which he/she is entitled by reason of his/her diploma.
17. T F The biennial renewal fee for a physician's license is $200.
18. T F A physician may require, as a condition of the physician/patient relationship, that the patient only receive drugs dispensed directly from the physician's office.
19. T F The Board shall not renew any certificate of registration unless the licensee provides satisfactory evidence that he/she has complied with the Board's minimum requirement for continuing education.
20. T F Practicing medicine in Missouri without a current registration is a violation of Missouri law.

30. **APPLICANT'S OATH**

State/Province of _____ County/Parish of _____

I, _____ , hereby certify under oath that I am the person named in this application for a license to practice medicine in the State of Missouri; that all statements I have made herein are true; that I am the original and lawful possessor of and person named in the various documents and credentials furnished to the Board in connection with this application; that all documents submitted with this application or as part of the application process that are the originals have not been altered in any fashion whatsoever.

I acknowledge and state that I have read Chapter 334, RSMo, the statutes, rules and regulations, Documents and Fee Page and Instructions that accompanied this application and I have answered all questions in compliance with these instructions and understand that the fee I submitted is not refundable.

I further state that by filing this application for renewal of my license to practice medicine in the State of Missouri, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of medicine, when in the opinion of the Missouri Board such an investigation is deemed necessary. I agree to give any further information which may be required in reference to my past record.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or foreign), court, association, institution, or other organization having control of any documents, records, and other information pertaining to me to furnish to the Missouri State Board of Healing Arts any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Missouri State Board of Healing Arts or any of its agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application.

MUST BE SIGNED IN PRESENCE OF NOTARY	APPLICANT'S SIGNATURE ▶

I hereby certify that the below photograph is a true likeness of the person whose signature appears above.

NOTARY PUBLIC EMBOSSER SEAL	STATE		COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR		**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

ALL APPLICANTS MUST PLACE A PHOTOGRAPH IN SPACE PROVIDED. ▶

PHOTO